

**FIRE AND SPECIAL PERILS INSURANCE PROPOSAL FORM - RESIDENCE**

**THE PROPOSER:**

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_ Civil ID No: \_\_\_\_\_

Tel. No. Office \_\_\_\_\_ Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**THE BUILDING:**

Address of the Property: \_\_\_\_\_

Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_ Ceilings: \_\_\_\_\_

No. of storey: \_\_\_\_\_ Year of Construction: \_\_\_\_\_ Occupied by: \_\_\_\_\_

**NEIGHBOURING BUILDINGS:**

(Please provide details of neighboring/adjacent Premises, their occupation and distance from your premises) \_\_\_\_\_

**INTRESTS TO BE COVERED:**

**SUM INSURED**

1. Building (including electrical installation and lifts if any)	RO _____
2. Household items, Furniture, Fixture, Fittings	RO _____
3. Personal Effects, Gold, Valuables, Work of arts (as per list)	RO _____
4. Debris Removal	RO _____
5. Architects and consultants fees	RO _____
6. Rent @ _____ per _____ months	RO _____
<b>TOTAL</b>	<b>RO _____</b>

**COVER REQUIRED :**

Fire  Special Perils  Theft  SRMD

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

**GENERAL QUESTIONS:**

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Do you have any other insurance for this property?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you have any loss on the above property before        | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please specify details _____                         |                          |                          |
| 3. Any Insurer declined or imposed higher terms on any risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will premises remain unoccupied for 30 consecutive days?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the property mortgaged ?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes please specify details _____                          |                          |                          |

6. Has the Property been damaged during the Cyclone GONU or other Flood/Inundation Losses    
If yes – please provide details:
7. Mention details of Fire Fighting / Safety Equipment available at the premises \_\_\_\_\_

### **DECLARATION**

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.